

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: SC
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: SC

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,407,861

A.Preventive and primary care for children:

\$ 4,941,415 (43.32%)

B.Children with special health care needs:

\$ 4,229,361 (37.07%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 851,944 (7.47%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 148,046

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 15,506,362

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 9,456,549

5. OTHER FUNDS (Item 15e of SF 424)

\$ 35,004,371

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 16,087,306

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 11,445,966

\$ 76,054,588

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 87,610,495

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 161,974

c. CISS: \$ 15,226

d. Abstinence Education: \$ 888,324

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 43,844,417

h. AIDS: \$ 890,987

i. CDC: \$ 380,326

j. Education: \$ 5,860,209

k. Other: \$

Afr Amer Risk Reduct \$ 220,669

Family Planning \$ 6,117,930

Infant Hlth PRAMS \$ 168,501

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 58,548,563

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 146,159,058

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: SC

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,133,794	\$ 11,154,209	\$ 11,900,111	\$ 11,711,782	\$ 11,526,057	\$ 11,531,205
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,703,555	\$ 599,122	\$ 0	\$ 872,122	\$ 566,001	\$ 429,253
3. State Funds <i>(Line3, Form 2)</i>	\$ 21,454,290	\$ 11,054,402	\$ 11,729,452	\$ 12,039,932	\$ 13,661,183	\$ 14,519,427
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 3,022,090	\$ 11,622,680	\$ 11,398,236	\$ 11,551,103	\$ 11,481,270	\$ 13,248,063
5. Other Funds <i>(Line5, Form 2)</i>	\$ 726,187	\$ 2,819,117	\$ 769,931	\$ 377,398	\$ 700,573	\$ 249,506
6. Program Income <i>(Line6, Form 2)</i>	\$ 41,144,871	\$ 24,312,269	\$ 20,176,611	\$ 20,418,231	\$ 31,838,791	\$ 12,568,451
7. Subtotal <i>(Line8, Form 2)</i>	\$ 80,184,787	\$ 61,561,799	\$ 55,974,341	\$ 56,970,568	\$ 69,773,875	\$ 52,545,905
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 99,018,310	\$ 111,849,496	\$ 84,490,814	\$ 109,611,516	\$ 87,034,471	\$ 93,533,590
9. Total <i>(Line11, Form 2)</i>	\$ 179,203,097	\$ 173,411,295	\$ 140,465,155	\$ 166,582,084	\$ 156,808,346	\$ 146,079,495
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: SC

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,526,057	\$ 10,754,161	\$ 11,526,057	\$	\$ 11,407,861	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 119,290	\$ 67,134	\$ 17,342	\$	\$ 148,046	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 14,300,654	\$ 15,645,132	\$ 16,140,604	\$	\$ 15,506,362	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 12,714,152	\$ 13,947,601	\$ 13,793,076	\$	\$ 9,456,549	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 385,130	\$ 37,099,911	\$ 179,748	\$	\$ 35,004,371	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 19,733,388	\$ 11,761,994	\$ 15,247,364	\$	\$ 16,087,306	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 58,778,671	\$ 89,275,933	\$ 56,904,191	\$ 0	\$ 87,610,495	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 123,050,699	\$ 99,064,432	\$ 102,257,087	\$	\$ 58,548,563	\$
9. Total <i>(Line11, Form 2)</i>	\$ 181,829,370	\$ 188,340,365	\$ 159,161,278	\$ 0	\$ 146,159,058	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
TBD
2. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2007
Field Note:
TBD
3. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
TBD
4. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
TBD
5. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
TBD
6. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
TBD
7. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2007
Field Note:
TBD
8. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
TBD

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: SC

	FY 2005		FY 2006		FY 2007	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 2,552,580	\$ 1,546,940	\$ 2,400,654	\$ 2,763,678	\$ 1,753,295	\$ 2,855,365
b. Infants < 1 year old	\$ 5,285,316	\$ 4,972,241	\$ 4,333,621	\$ 3,925,150	\$ 5,635,517	\$ 3,381,707
c. Children 1 to 22 years old	\$ 16,627,272	\$ 16,691,289	\$ 16,525,982	\$ 11,428,140	\$ 18,917,834	\$ 9,968,355
d. Children with Special Healthcare Needs	\$ 20,427,890	\$ 11,539,522	\$ 10,429,985	\$ 12,823,816	\$ 13,078,844	\$ 13,098,271
e. Others	\$ 34,356,258	\$ 23,031,967	\$ 19,183,664	\$ 23,162,120	\$ 26,104,332	\$ 21,216,367
f. Administration	\$ 935,471	\$ 3,779,840	\$ 3,100,435	\$ 2,867,664	\$ 4,284,053	\$ 2,025,840
g. SUBTOTAL	\$ 80,184,787	\$ 61,561,799	\$ 55,974,341	\$ 56,970,568	\$ 69,773,875	\$ 52,545,905

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 129,453	\$ 100,000	\$ 100,000
c. CISS	\$ 154,345	\$ 148,921	\$ 100,000
d. Abstinence Education	\$ 768,041	\$ 751,961	\$ 940,348
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 84,914,512	\$ 67,846,075	\$ 71,431,021
h. AIDS	\$ 585,340	\$ 1,310,840	\$ 0
i. CDC	\$ 845,000	\$ 1,493,187	\$ 639,335
j. Education	\$ 5,783,293	\$ 5,885,840	\$ 6,831,890
k. Other			
African Am Risk Red	\$ 0	\$ 562,500	\$ 562,500
Family Planning	\$ 5,596,566	\$ 5,836,514	\$ 6,101,484
Int Svcs CSHCN	\$ 0	\$ 0	\$ 141,864
Oral Health	\$ 0	\$ 0	\$ 36,029
Univ Newborn Hear Sc	\$ 0	\$ 150,000	\$ 150,000
Child Restr Safely	\$ 0	\$ 204,230	\$ 0
Integrtd Svcs CSHCN	\$ 0	\$ 141,864	\$ 0
Oral Health Sys Dev	\$ 0	\$ 58,882	\$ 0
Univ Newborn Hearing	\$ 241,760	\$ 0	\$ 0
III. SUBTOTAL	\$ 99,018,310	\$ 84,490,814	\$ 87,034,471

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: SC

	FY 2008		FY 2009		FY 2010	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 2,851,390	\$ 1,358,528	\$ 3,092,196	\$	\$ 1,333,185	\$
b. Infants < 1 year old	\$ 4,049,724	\$ 3,974,039	\$ 3,662,194	\$	\$ 3,899,904	\$
c. Children 1 to 22 years old	\$ 11,790,841	\$ 5,067,482	\$ 10,795,155	\$	\$ 4,972,948	\$
d. Children with Special Healthcare Needs	\$ 13,230,812	\$ 13,306,911	\$ 14,184,674	\$	\$ 13,058,671	\$
e. Others	\$ 23,897,227	\$ 63,811,584	\$ 22,976,105	\$	\$ 62,621,182	\$
f. Administration	\$ 2,958,677	\$ 1,757,389	\$ 2,193,867	\$	\$ 1,724,605	\$
g. SUBTOTAL	\$ 58,778,671	\$ 89,275,933	\$ 56,904,191	\$ 0	\$ 87,610,495	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 33,659	\$ 121,174	\$ 161,974
c. CISS	\$ 5,034	\$ 287,755	\$ 15,226
d. Abstinence Education	\$ 306,525	\$ 670,435	\$ 888,324
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 116,017,768	\$ 86,535,311	\$ 43,844,417
h. AIDS	\$ 0	\$ 892,468	\$ 890,987
i. CDC	\$ 180,556	\$ 544,383	\$ 380,326
j. Education	\$ 5,640,542	\$ 6,447,861	\$ 5,860,209
k. Other			
Afr Amer Risk Reduct	\$ 412,966	\$ 659,769	\$ 220,669
Family Planning	\$ 0	\$ 5,907,530	\$ 6,117,930
Infant Hlth PRAMS	\$ 0	\$ 0	\$ 168,501
Dept Ed Social Work	\$ 0	\$ 19,189	\$ 0
PRAMS	\$ 0	\$ 171,212	\$ 0
ECCS	\$ 2,727	\$ 0	\$ 0
Integr Sys CSHCN	\$ 255,427	\$ 0	\$ 0
Oral Hlth Int Sys	\$ 5,663	\$ 0	\$ 0
Univ Nbrn Hearing	\$ 189,832	\$ 0	\$ 0
III. SUBTOTAL	\$ 123,050,699	\$ 102,257,087	\$ 58,548,563

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenBudgeted

Row Name: Pregnant Women

Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2008

Field Note:

TBD

3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2007

Field Note:

TBD

4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Budgeted

Row Name: Infants <1 year old

Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

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5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2007

Field Note:

TBD

6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Budgeted

Row Name: Children 1 to 22 years old

Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

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7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2008

Field Note:

TBD

8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2007

Field Note:

TBD

9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNBudgeted

Row Name: CSHCN

Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

10. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

11. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2008

Field Note:

TBD

12. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2007

Field Note:

TBD

13. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

14. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2008

Field Note:

TBD

15. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2007

Field Note:

TBD

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: SC

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 14,818,149	\$ 11,111,065	\$ 11,331,053	\$ 10,972,465	\$ 12,593,232	\$ 7,946,034
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 63,169,575	\$ 49,684,016	\$ 44,019,318	\$ 45,291,681	\$ 56,311,647	\$ 44,196,287
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 432,998	\$ 351,298	\$ 397,571	\$ 371,857	\$ 398,159	\$ 380,496
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,764,065	\$ 415,420	\$ 226,399	\$ 334,565	\$ 470,837	\$ 23,088
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 80,184,787	\$ 61,561,799	\$ 55,974,341	\$ 56,970,568	\$ 69,773,875	\$ 52,545,905

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: SC

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 11,320,704	\$ 4,793,713	\$ 8,605,097		\$ 4,704,287	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 46,729,125	\$ 84,438,151	\$ 47,862,035		\$ 82,862,961	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 383,659	\$ 42,321	\$ 412,056		\$ 41,531	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 345,183	\$ 1,748	\$ 25,003		\$ 1,716	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 58,778,671	\$ 89,275,933	\$ 56,904,191	\$ 0	\$ 87,610,495	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
TBD

3. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
TBD

4. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

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Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

5. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
TBD

6. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
TBD

7. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2007
Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

8. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
TBD

9. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted

Year: 2007

Field Note:

The Agency uses the Personnel Cost Accounting System (PCAS) to document personnel expenses. Annually MCH staff review PCAS codes and realign with the levels of the MCH pyramid.

The Bureau and the Agency continue to work toward devoting more resources, effort and expenses down the MCH pyramid to enabling, population based and infrastructure activities and interventions.

During the past few years of decreasing budgets, this has been and continues to be a challenge.

Due to the above activities, shifts in expenses by the pyramid levels have occurred in the past few years.

10. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
TBD
11. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
TBD

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: SC

Total Births by Occurrence: 60,448

Reporting Year: 2007

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	60,448	100	8	3	3	100
Congenital Hypothyroidism	60,448	100	1,627	22	22	100
Galactosemia	60,448	100	280	1	1	100
Sickle Cell Disease	60,448	100	69	66	66	100
Other Screening (Specify)						
Biotinidase Deficiency	60,448	100	10	1	1	100
Other	60,448	100	220	5	5	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	60,448	100	461	2	2	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	60,448	100	2	1	1	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2010
Field Note:
60,448 based upon # of 1st specimens received. CY2007

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDULICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: SC

Reporting Year: 2008

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	20,103	0.0	0.0	0.0	0.0	100.0
Infants < 1 year old	55,800					
Children 1 to 22 years old	91,913					
Children with Special Healthcare Needs	8,254	0.0	0.0	0.0	0.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	176,070					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
WIC data used as a proxy measure
2. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Estimate is made using 2008 WIC data. This figure represents the number of children 1 through 5. Currently, this is our best estimate until we can link the multiple datasets from MCH together.
3. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2010
Field Note:
Data not available, 0 used as place holder to save the form.
4. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
Data not available, 0 used as place holder to save the form.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: SC

Reporting Year: 2006

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	61,252	39,246	20,081	225	901	32	714	53
Title V Served	20,103	10,795	9,035	45	152	29	0	47
Eligible for Title XIX	31,485	13,288	13,770	61	0	0	0	4,366
INFANTS								
Total Infants in State	62,316	39,921	20,448	226	912	32	723	54
Title V Served	55,679	29,219	25,752	127	518	63	0	0
Eligible for Title XIX	40,856	15,939	18,270	65	0	0	0	6,582

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	55,093	6,147	12	4,159	53	360	0	1,575
Title V Served	17,979	2,177	0	0	0	0	0	2,177
Eligible for Title XIX		88	27,764	1,986	8	62	0	1,665
INFANTS								
Total Infants in State	56,082	6,221	13	4,211	54	373	0	1,583
Title V Served	48,323	7,471	0	0	0	0	0	7,471
Eligible for Title XIX	0	88	36,039	2,462	9	59	0	2,287

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
2007 Numbers. Used pregnant women served by WIC as indicator.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2010
Field Note:
field note to follow
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
WIC data used as a proxy measure
4. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Data used for calculation does not indicate ethnicity. An "88" has been added as a place holder.
5. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2010
Field Note:
Data used for calculation does not indicate ethnicity. An "88" has been added as a place holder.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: SC

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 868-0404</u>	<u>(800) 868-0404</u>	<u>(800) 868-0404</u>	<u>(800) 868-0404</u>	<u>(800) 868-0404</u>
2. State MCH Toll-Free "Hotline" Name	The Careline	The Careline	The Careline	The Careline	The Careline
3. Name of Contact Person for State MCH "Hotline"	<u>Tracey McCloud</u>	<u>Kathy Swanson</u>	<u>Kathy Swanson</u>	<u>Kathy Swanson</u>	<u>Kathy Swanson</u>
4. Contact Person's Telephone Number	<u>803-898-0899</u>	<u>(803) 898-0743</u>	<u>(803)-898-0743</u>	<u>(803)-898-0743</u>	<u>(803) 898-0743</u>
5. Contact Person's Email	<u>mccloutl@dhcc.sc.gov</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>17,056</u>	<u>14,972</u>	<u>13,573</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: SC

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: SC

1. State MCH Administration:
(max 2500 characters)

The General Assembly created the South Carolina Department of Health and Environmental Control (DHEC) in 1973 when it reunited the Board of Health and the Pollution Control Authority. The agency's mission is to promote and protect the health of the public and the environment. Every South Carolinian is touched by DHEC every day. The agency is under the supervision of the Board of Health and Environmental Control. Seven members are appointed by the Governor representing each congressional district and one at large member. After 3 years of consolidation from 12 districts to 8 regions, the streamlined administration has resulted in efficiencies and increased effectiveness, specifically resulting in cost savings, increased accountability and improved customer service. DHEC continues to strive toward maximum usage and improvement of quality services to its customers. A focus on performance management has strengthened its activities. DHEC continues to operate local health departments and clinics to ensure that the many programs and services it provides meet the needs of the local areas. Decisions for service delivery are targeted toward best practices and are data driven. The central office is located in Columbia, the state capital.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,407,861
3. Unobligated balance (Line 2, Form 2)	\$ 148,046
4. State Funds (Line 3, Form 2)	\$ 15,506,362
5. Local MCH Funds (Line 4, Form 2)	\$ 9,456,549
6. Other Funds (Line 5, Form 2)	\$ 35,004,371
7. Program Income (Line 6, Form 2)	\$ 16,087,306
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 87,610,495

9. Most significant providers receiving MCH funds:

Medical University of South Carolina
Palmetto Richland Memorial Hospital
Greenville Hospital System
University of South Carolina

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	20,103
b. Infants < 1 year old	55,800
c. Children 1 to 22 years old	91,913
d. CSHCN	8,254
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Regional staff continue to provide follow-up services for abnormal findings, hearing impairment, inborn errors of metabolism, infections, and lead screenings or cases. Services also include referrals to other services (BabyNet, WIC, FP, CRS, Medicaid) and enrollment into and/or linkage with a medical home. Postpartum newborn home visit: Regional staff provide or ensure that newborns (priority group is Medicaid) receive service directly or through a partner. The ability to maintain current levels of visitation has proven to be challenging with reduced capacity resulting from State budget cuts.

b. Population-Based Services:
(max 2500 characters)

Prenatal care linkage and referral - Regional staff educate and provide prenatal care linkage and referral for women with positive pregnancy tests to decrease barriers to care and encourage early enrollment. Newborn Screening, Tracking and Follow-up: The state implemented an expanded panel and computer system for metabolic screening facilitating CY 2007 births to be linked to metabolic screening data with birth certificates. All 48 birthing hospitals are screening more than 98% of infants for hearing loss. WCS maintains a statewide registry of clients with congenital metabolic disorders, monitors laboratory tests, makes recommendations for follow-up, and refers clients to CSHCN to determine genetic testing and treatment eligibility. The School Nursing Consultant and School Social Work Consultant oversee services provided to all children in public schools. They develop policies and procedures that ensure staff are providing essential services consistently throughout the state. In the recent H1N1 outbreak, the School Nurse Consultant was instrumental in working as a liaison between DHEC and the SCDE to coordinate decision-making regarding testing, health messages and school closings.

c. Infrastructure Building Services:
(max 2500 characters)

Community Assessment and Planning: identified coordinator who assures completion of annual community assessment plan/update designed to create an integrated system of care that is inclusive of each county in the Region. Plan includes synthesis and analysis of multiple data sources, needs and assets, resources available, service gaps, prioritization of strategies. Critical public system of care component areas includes medical, dental, nutritional, psychosocial, educational, mental, and behavioral. Partnerships and systems of care: identified staff assures there is coordination and collaboration to enhance, increase and enable partners (medical, dental, managed care entities, community health centers, hospitals, other private providers) to ensure access, provide services and enrollment into a medical home for infants, children and prenatal. Oral Health: through partnerships, this Division developed a statewide plan, conducted a public awareness campaign, increased Medicaid providers, and conducted a cost effective oral health needs assessment of public school children. The Division has established a comprehensive integrated statewide oral health plan and surveillance system, provided grant support for replacement of defective fluoridation equipment and conducted grassroots community meetings to identify community specific oral health improvement plans. The Oral Health Advisory Committee remains active in the development of a workplan to address the State Oral Health Assessment and Plan. CSHCN has undergone a programmatic review and is moving toward Centers of Excellence for direct care and increased public health care coordination.

12. The primary Title V Program contact person:

Name	Brenda Martin
Title	Director, Bureau of MCH
Address	1751 Calhoun Street
City	Columbia
State	SC
Zip	29210
Phone	803-898-3780
Fax	803-898-0613
Email	martinby@dhc.sc.gov
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Cheryl Waller
Title	Director, CSHCN Division
Address	1751 Calhoun Street
City	Columbia
State	SC
Zip	29210
Phone	803-898-0789
Fax	803-898-0613
Email	wallerch@dhc.sc.gov
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: SC

Form Level Notes for Form 11

Data for this indicator is sent from the CDC. They are behind and we have not received updated data for this indicator. The EHB will not allow us to change data for 2006 as it's received.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	90	115	105	112	101
Denominator	90	115	105	112	101
Data Source					MCH
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 2007 data has been finalized
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 2006 data has been finalized
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
 2005 data has been finalized.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	65	75	75	80
Annual Indicator	74.1	74.1	74.1	59.4	59.4
Numerator	630	630	630	93,727	93,727
Denominator	850	850	850	157,801	157,801
Data Source					CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2009	2010	2011	2012	2013
Annual Performance Objective	80	85	85	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. Because SLAITS data will be used in future years (field note 2004), we have no current new estimates until this survey is repeated.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	95	55	95	95	95
Annual Indicator	83.5	83.5	83.5	50.6	50.6
Numerator	710	710	710	79,820	79,820
Denominator	850	850	850	157,801	157,801

Data Source

CSHCN

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	95	95	95	95	95

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. There will be no change in the report for this measure until the national SLAITS data survey is repeated.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	90	60	90	90	90
Annual Indicator	91.4	91.4	91.4	60.1	60.1
Numerator	12,286	12,286	12,286	94,845	94,845
Denominator	13,438	13,438	13,438	157,801	157,801
Data Source					CSHCN

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. There will be no change until the SLAITS survey is repeated nationally.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>80</u>	<u>75</u>	<u>80</u>	<u>80</u>	<u>85</u>
Annual Indicator	<u>76.5</u>	<u>76.5</u>	<u>76.5</u>	<u>59.8</u>	<u>59.8</u>
Numerator	<u>828</u>	<u>828</u>	<u>828</u>	<u>94,339</u>	<u>94,339</u>
Denominator	<u>1,082</u>	<u>1,082</u>	<u>1,082</u>	<u>157,801</u>	<u>157,801</u>
Data Source					CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>85</u>	<u>85</u>	<u>85</u>	<u>85</u>	<u>85</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. There will be no change until the national SLAITS survey is repeated.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>30</u>	<u>7</u>	<u>92</u>	<u>92</u>	<u>94</u>
Annual Indicator	<u>90.0</u>	<u>90.0</u>	<u>90.0</u>	<u>41.4</u>	<u>41.4</u>
Numerator	<u>974</u>	<u>974</u>	<u>974</u>	<u>22,093</u>	<u>22,093</u>
Denominator	<u>1,082</u>	<u>1,082</u>	<u>1,082</u>	<u>53,358</u>	<u>53,358</u>
Data Source					CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>94</u>	<u>96</u>	<u>96</u>	<u>96</u>	<u>96</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. There will be no changes until the SLAITS survey is repeated.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	85	90	90	90
Annual Indicator	79.8	81.7	81.7	81.6	79.1
Numerator	89,304	91,431	94,000	97,920	96,502
Denominator	111,910	111,910	115,000	120,000	122,000
Data Source					Immunization
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 data has been finalized

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

2006 data has been finalized

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 data has been finalized.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	26	26	26	25	25
Annual Indicator	29.0	28.1	28.9	27.1	27.1
Numerator	2,491	2,469	2,681	2,526	2,526
Denominator	86,031	88,020	92,610	93,198	93,198

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	24	24	24	24	24

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

2008 birth file not available

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

2007 birth file is not available

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

This information is unavailable from PHSIS/PRAMS because they have not been able to close the 2006 birth file at this time. We hope to have the data by August 2007.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	30	35	40	45	50
Annual Indicator	31.8	37.2	38.6	23.7	23.7
Numerator	11,627	1,676	7,594	629	629
Denominator	36,620	4,506	19,699	2,657	2,657
Data Source					MCH

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are only collected every 5 years. The Division of Oral health will conduct another needs assessment in 2012.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data provided for the years 2003, 2004, 2005, and 2006 were estimates based of the 2002 oral health needs assessment. The Division of Oral Health conducted another needs assessment in 2007. The 2007 data is lower than previous years data; however, the 2007 numbers more accurate. The formula for providing estimates in between needs assessment years will be examined for accuracy in upcoming years.

- 3.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is obtained from school programs overseen by the Division of Oral Health. This is an underestimate of the total number of third graders with at least one sealant because school programs are not present in all school districts, nor within all schools in a given district (not all children are counted). The Division of Oral Health presumes that there is no difference between schools with or without a school program and that the percent provided by this sample is an accurate estimate for the population.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	3.6	3.6	3.6	3.5
Annual Indicator	4.1	5.8	5.1	5.1	5.1
Numerator	35	49	43	43	43
Denominator	847,775	847,606	850,790	850,790	850,790

Data Source

Injury Prev

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.5	3.5	3.5	3.5	3.5

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

This information is unavailable from PHSIS/PRAMS because they have not been able to close the 2008 death file at this time. We hope to have the data by August 2009.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2008.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

This information is unavailable from PHSIS/PRAMS because they have not been able to close the 2006 death file at this time. We hope to have the data by August 2007.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			60	61	65
Annual Indicator		56.5	38.6	37.1	37.1
Numerator		32,837	21,335	20,600	20,600
Denominator		58,120	55,279	55,591	55,591
Data Source					PRAMS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data reflects 2007 PRAMS, which ascertains breastfeeding information at 10 weeks. Previous data reflected breastfeeding at birth.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Data reflects 2006 PRAMS, which ascertains breastfeeding information at 10 weeks. Previous data reflected breastfeeding at birth.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	98.4	99.5	98.7	97.9	90.1
Numerator	52,376	53,812	58,221	58,573	53,532
Denominator	53,216	54,080	59,000	59,808	59,424

Data Source

MCH

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

With the transition to the new data system, we have seen an expected, temporary, drop in hearing screen reporting as hospitals get used to the new reporting process that requires them to perform data entry rather than relying on batch files. Reports have been written to identify those babies whose hearing screen has not been reported, and is currently being sent to their respective hospitals.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	10	8	8	8	7
Annual Indicator	7.7	10.7	10.7	10.7	14.2
Numerator	80,000	109,000	110,500	112,000	152,000
Denominator	1,033,000	1,016,000	1,029,000	1,042,000	1,070,000

Data Source

ORS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data obtained from the U.S. Census, Current Population Survey, Annual Social and Economic Survey 2007

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

This information is unavailable from PHSIS at this time. We hope to have the data by August 2007.~No data was provided for 2006, numbers represent an estimate.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			28	28	28
Annual Indicator		42.1	100.0	4.2	4.2
Numerator		35,313	1	35,313	35,313
Denominator		83,791	1	837,910	837,910
Data Source					MCH

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	28	28	28	28	28
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

WIC data are provided by CDC with two years' time lag for data processing. We are awaiting 2006-2007 data for entry from the CDC. A placeholder will be used for 2008 data.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

WIC data are provided by CDC with two years' time lag for data processing. We are awaiting 2006 data for entry from the CDC. Final data for 2007 will not be provided until 2009. A placeholder will be used for 2007 data.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

WIC data are provided by CDC with two years' time lag for data processing. 2006 data will not be available until 2008. Final data for 2005 were provided to data gatherers by WIC program director but could not be entered into EHB system; HRSA tech representatives said they would enter final 2005 data for us.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			10	10	10
Annual Indicator		11.7	11.3	9.5	9.5
Numerator		6,413	7,003	5,903	5,903
Denominator		54,663	62,187	62,316	62,316
Data Source					Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth file not available

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 birth file not available

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

This information is unavailable from PHSIS/PRAMS because they have not been able to close the 2006 birth file at this time. We hope to have the data by August 2007.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator	9.5	6.7	6.3	6.3	6.3
Numerator	28	20	20	20	20
Denominator	293,851	300,380	315,050	315,050	315,050

Data Source

Injury Prev

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.5	5.5	5.5	5.5

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

This information is unavailable from PHSIS because they have not been able to close the 2007 death file at this time. We hope to have the data by August 2009.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

This information is unavailable from PHSIS because they have not been able to close the 2006 death file at this time. We hope to have the data by August 2007.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	82	80	82	84	84
Annual Indicator	77.6	77.4	78.5	73.2	73.2
Numerator	874	878	864	931	931
Denominator	1,126	1,134	1,100	1,272	1,272

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	86	86	86	86	86

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth file not available

- 2.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 birth file not available

- 3.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

This information is unavailable from PHSIS/PRAMS because they have not been able to close the 2006 birth file at this time. We hope to have the data by August 2007.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	82	70	74	76	80
Annual Indicator	64.9	69.3	67.2	68.3	68.3
Numerator	36,681	39,889	41,778	42,990	42,990
Denominator	56,543	57,538	62,187	62,933	62,933

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Birth File not available

- 2.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 birth file not available

- 3.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

This information is unavailable from PHSIS/PRAMS because they have not been able to close the 2006 birth file at this time. We hope to have the data by August 2007.

STATE PERFORMANCE MEASURE # 2

Increase the percent of newborns receiving a newborn home visit.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			55	60	60
Annual Indicator	46.0	40.3	44.2	40.4	0.0
Numerator	12,900	13,005	14,670	14,380	0
Denominator	28,032	32,266	33,219	35,565	1
Data Source					ORS
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numbers used to save form only; data not yet available from ORS.

STATE PERFORMANCE MEASURE # 3

Increase the number of comprehensive medical home partnerships for pregnant women, children and CYSHCN.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	45	60
Annual Indicator					
Numerator		10	10	10	10
Denominator		10	10	10	10
Data Source					N/A
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	75	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

No data for this indicator

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data for this indicator

STATE PERFORMANCE MEASURE # 5

Decrease the percent of family planning clients served by health departments whose pregnancy was unintended.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			45	45	45
Annual Indicator	0.0	0.0	50.2	44.7	0.0
Numerator	0	0	28,497	25,070	0
Denominator	1	1	56,806	56,039	1
Data Source					MCH
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	45	45	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

We don't know whether an individual is a family planning client served by health departments. However, we do collect data on pregnancy intention on the general population of SC. This is the data that reflects that surveyed info.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Family planning clients are not asked about pregnancy intendedness.

STATE PERFORMANCE MEASURE # 6

Increase the number of MCH programs that utilized research findings to better target programs to vulnerable populations.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	50	60
Annual Indicator		30.3	34.3	34.3	34.3
Numerator		10	12	12	12
Denominator		33	35	35	35
Data Source					N/A
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>70</u>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2008

Field Note:

No clear means of collecting this information. Numbers provided are an estimate.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2007

Field Note:

No clear means of collecting this information. Numbers provided are an estimate.

3. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator - number of MCH programs in the state that use research to target their interventions; denominator - number of MCH programs in the state. There is currently no measurement system in place to gather information on this; estimate is based on 2005 numbers.

STATE PERFORMANCE MEASURE # 7

Increase the number of health departments who implemented a review process for fetal and infant deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			50	55	60
Annual Indicator		45.7	23.9	19.6	34.8
Numerator		21	11	9	16
Denominator		46	46	46	46
Data Source					MCH
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	65	70	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 8

Increase the percent of infants who are breastfed at birth and thereafter.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			48	50	53
Annual Indicator		56.5	57.3	58.2	61.3
Numerator		32,519	35,624	36,279	36,707
Denominator		57,538	62,187	62,316	59,840
Data Source					PRAMS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	58	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 birth file is not available

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 birth file is not available

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

Provisional data based on breastfeeding indicator at the time of birth

STATE PERFORMANCE MEASURE # 10

Increase the percent of pregnant women who are health department clients who are linked and referred for prenatal care.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100
Annual Indicator		100.0	100.0	100.0	100.0
Numerator		100	100	100	100
Denominator		100	100	100	100
Data Source					MCH
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2006

Field Note:

All women who present as pregnant are referred for prenatal care.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: SC

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8	8	8	7	7
Annual Indicator	9.3	9.5	8.4	8.5	0.0
Numerator	524	549	520	538	0
Denominator	56,543	57,538	62,191	62,933	1

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7	7	7	7	7

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death file not available

2. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

2006 death file not available

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.6	1.9	1.9	1.8	1.8
Annual Indicator	2.1	2.1	2.3	2.1	0.0
Numerator	15.4	14.7	13.6	13	0
Denominator	7.3	7	5.8	6.2	1

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.7	1.7	1.7	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death file not complete

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.4	6	6	5.9	5.9
Annual Indicator	6.4	5.9	5.5	5.7	0.0
Numerator	363	341	342	357	0
Denominator	56,543	57,538	62,191	62,318	1

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.3	5.3	5.3	5.3	5.3

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 death file not available

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death file not available

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 death file not available

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.2	2.1	2	2
Annual Indicator	2.8	3.6	2.9	2.9	0.0
Numerator	161	208	178	181	0
Denominator	56,543	57,538	62,191	62,318	1

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 death file not available

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death file not available

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 death file not available

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9.1	8.2	8.1	8.1	8
Annual Indicator	8.4		8.0	0.0	0.0
Numerator	481		505	0	0
Denominator	57,037		62,808	1	1

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death file not available

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	25	22	22	21	21
Annual Indicator	24.4	25.4	22.2	0.0	0.0
Numerator	193	200	176	0	0
Denominator	791,726	787,684	793,468	1	1

Data Source

Vital Records

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	20	20

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

2007 death file not available

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: SC

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 6

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: SC FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. /2010/ 1. Improve data and surveillance systems to enhance and promote healthcare decision-making (Infrastructure Building Service). //2010//
2. /2010/ 2. Improve access to a coordinated system of care through a systems approach (Infrastructure Building Service). //2010//
3. /2010/ 3. Increase access to an integrated system of care through medical home partnerships (Infrastructure Building Service). //2010//
4. /2010/ 4. Decrease health disparities through the utilization of cost effective strategies monitored through performance management (Infrastructure Building Service). //2010//
5. /2010/ 5. Reduce unintended pregnancies (Enabling Service). //2010//
6. /2010/ 6. Increase the application of public health research findings to public health program planning, implementation and evaluation (Infrastructure Building Service). //2010//
7. /2010/ 7. Increase the implementation of fetal and infant death review processes (Population Based service). //2010//
8. /2008/ 8. Increase the initiation and duration of breastfeeding (Enabling Service). //2008//
9. /2010/ 9. Increase access to developmental screening for children (Population Based Service). //2010//
10. /2009/ 10. Refer pregnant Health Department clients to a medical home to ensure appropriate prenatal care (Enabling Service). //2009//

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: SC

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	The Bureau needs to focus on increasing formal program evaluation capacity.	Have many ongoing programs in need of a well-designed program evaluation rooted in a strong conceptual framework	Academic institutions with content knowledge of MCH programs
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: SC

SP # 2

PERFORMANCE MEASURE:

Increase the percent of newborns receiving a newborn home visit.

STATUS:

Active

GOAL

To increase the percentage of Medicaid newborns in the state receiving a home visit.

DEFINITION

Number of home visits provided to Medicaid infants.

Numerator:

Number of infants who received a newborn home visit, resulting in a service paid by Medicaid during the state fiscal year.

Denominator:

Number of Medicaid newborn infants who have received a newborn home visit service paid by Medicaid during the same state fiscal year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 1-6

Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Source: State Medicaid program.

SIGNIFICANCE

South Carolina is committed to ensuring that its mothers are equipped with the most needed parenting skill as early as possible. By visiting the new mothers at their home, the mother will be more comfortable to ask questions that she had not had a chance to ask at the birthing place. A home visit staff person provides preventive care including health promotion and education. Linking these families to a medical home will promote a systems approach to care.

SP # 3

PERFORMANCE MEASURE:

Increase the number of comprehensive medical home partnerships for pregnant women, children and CYSHCN.

STATUS:

Active

GOAL

To provide access to a coordinated system of care for pregnant women, children and children with special health care needs. The goal is to add new partnerships for each population every year.

DEFINITION

There are 3 levels of partnerships: 1) Comprehensive partnerships include the following: -MOA or formal agreement -Care coordination by a staff person located in the practice/office -An established referral and follow-up process (including an established number of contacts, meetings, staffings, etc.) -Comprehensive risk assessment/screenings (developmental, psycho social, etc.) 2) Level II partnerships include the following: -Formal or informal agreement -Risk Assessment/screenings (developmental, psycho social, etc.) 3) Level III partnerships would have minimal contact and infrequent contact.

Numerator:

The number of partnerships for 1) pregnant women, 2) children and 3) children with special health care needs.

Denominator:

The number of partnerships for 1) pregnant women, 2) children and 3) children with special health care needs.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 1-4

Increase the proportion of persons who have a specific source of ongoing care.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Sources: Data sources currently include regional reporting and surveys. Data Issues: We are in the process of developing a CQI process that would incorporate of all the partnership components.

SIGNIFICANCE

A medical home ensures comprehensive health for its patients. Care must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. This is especially true for children with special health care needs although this priority addresses all MCH populations. Enormous benefits will result to everyone through medical homes.

SP # 5

PERFORMANCE MEASURE:

Decrease the percent of family planning clients served by health departments whose pregnancy was unintended.

STATUS:

Active

GOAL

Decrease the percentage of women delivering a baby in a given year who report that their pregnancy was unintended.

DEFINITION

Percentage of women who report that their pregnancy was unintended.

Numerator:

Number of women responding that they wanted to be pregnant later or did not want to be pregnant then or at any time in the future.

Denominator:

Number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 9.1

Increase the proportion of pregnancies that are intended. The target is 70%.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Source: SC PRAMS survey of resident mothers delivering a live infant. Approximately 3,000 women are surveyed each year. Denominator and numerator data are weighted by the CDC. Data Issues: Need to link data sets from birth certificates and family planning clients to specifically track this performance measure. PRAMS contains state wide data. With linked data, we will be able to drill down and evaluate only the population we are serving.

SIGNIFICANCE

Unintended pregnancies adversely impact maternal behaviors during pregnancy. Women with unintended pregnancies are highest among teens, women with less than a high school education, Medicaid mother and women living in poverty.

SP # 6

PERFORMANCE MEASURE:

Increase the number of MCH programs that utilized research findings to better target programs to vulnerable populations.

STATUS:

Active

GOAL

Using research findings to refine programs and target vulnerable populations. The goal is to have 50% of the programs using research to target populations over the next year.

DEFINITION

Enhance the number of MCH programs that utilize research findings to make strategic decisions.

Numerator:

Total number of MCH programs that utilize research findings to make strategic decisions.

Denominator:

Total number of MCH programs.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 23-5

Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data—especially for select populations—are available at the Tribal, State, and local levels.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Source: MCH programs. Data Issues: Need better epi support and capacity.

SIGNIFICANCE

By better using research findings, the root causes of morbidity and mortality are more specifically identified. This will result in targeted interventions that will achieve improved health outcomes more cost efficiently. Using research is especially effective when addressing health outcomes related to race and ethnicity and critical in a diverse state like South Carolina.

SP # 7

PERFORMANCE MEASURE:

Increase the number of health departments who implemented a review process for fetal and infant deaths.

STATUS:

Active

GOAL

All county health departments will, at a minimum, review the fetal and infant deaths to health department clients in order to do an assessment of existing systems, identify gaps and find ways to fill those gaps.

DEFINITION

The number of counties who participate in a FIMR.

Numerator:

Number of existing FIMRs

Denominator:

46 Counties

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-1

Reduce fetal and infant deaths.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Source: Data on fetal and infant deaths by county is gathered from vital statistics. The number of counties participating in a FIMR is gathered by the FIMR Coordinator. Data Issue: A data problem exists because we do have a central data system where local FIMRs can send their review data.

SIGNIFICANCE

Infant mortality is a sentinel event that measures a community's social and economic well being as well as the health of its population. Fetal and Infant Mortality Review (FIMR) is a process that addresses these concerns. These reviews provide an opportunity to guide policy development, define quality programs and provide an assessment and quality assurance process.

SP # 8

PERFORMANCE MEASURE:

Increase the percent of infants who are breastfed at birth and thereafter.

STATUS:

Active

GOAL

To increase the number of women who breastfeed and also to increase the duration of breastfeeding. The goal is to reach the Healthy People 2010 objective of 75% of mothers breastfeeding in the early postpartum period

DEFINITION

Number of pregnant women who breastfeed in the early postpartum period.

Numerator:

The number of women who breastfeed.

Denominator:

The number of births/year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-19

Increase the proportion of mothers who breastfeed their babies.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Source: Vital statistics – number of births, PRAMS – number who breastfeed and WIC – number who breastfeed.

SIGNIFICANCE

There are a multitude of documented benefits to both the infant and mother from breastfeeding. Currently, South Carolina ranks 43rd out of all states in breastfeeding rates, leaving lots of room for improvement. This is also a multidisciplinary priority that will allow for many partnerships and collaboration within and outside of DHEC.

SP # 10

PERFORMANCE MEASURE:

Increase the percent of pregnant women who are health department clients who are linked and referred for prenatal care.

STATUS:

Active

GOAL

Public health screening programs are vital to the health of women and children. Early treatment for genetic and metabolic conditions, after pre-symptomatic diagnosis, reduces morbidity and mortality and allows for healthy growth and development.

DEFINITION

Number of health department clients that are linked and referred to a medical home for prenatal care.

Numerator:

Number of pregnant health department clients who are linked and referred to a medical home for prenatal care.

Denominator:

Number of positive pregnancy tests in the county health department clients.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-5

Reduce maternal illness and complications due to pregnancy.

N/A

N/A

DATA SOURCES AND DATA ISSUES

Data Source: Family planning database. Data Issues: Need to be able to link with vital record database.

SIGNIFICANCE

It has long been established that public health screening programs are vital to the health of women and children. Early treatment for genetic and metabolic conditions, after pre-symptomatic diagnosis, reduces morbidity and mortality and allows for healthy growth and development.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: SC

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	52.2	40.6	38.9	36.9	30.6
Numerator	1,464	1,137	1,109	1,047	941
Denominator	280,272	280,272	285,202	283,488	307,354

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	78.2	77.6	80.4	83.5	0.0
Numerator	27,453	28,354	30,751	34,235	0
Denominator	35,112	36,532	38,228	40,981	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>0.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Children <1 not eligible for SCHIP

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

There is not available data for 2001, 2002, 2003, 2004, because SCHIP enrollees are 1-18 years old.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>84.3</u>	<u>85.3</u>	<u>84.6</u>	<u>85.9</u>	<u>0.0</u>
Numerator	<u>47,493</u>	<u>49,087</u>	<u>52,629</u>	<u>53,558</u>	<u>0</u>
Denominator	<u>56,356</u>	<u>57,538</u>	<u>62,187</u>	<u>62,316</u>	<u>1</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

2007 birth file not available

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>88.9</u>	<u>89.1</u>	<u>89.1</u>	<u>85.6</u>	<u>86.4</u>
Numerator	<u>437,603</u>	<u>438,363</u>	<u>438,526</u>	<u>421,130</u>	<u>417,235</u>
Denominator	<u>492,192</u>	<u>492,192</u>	<u>492,000</u>	<u>492,000</u>	<u>483,127</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator comes from ORS; denominator is estimate from census data. ORS number is for children aged 0-21.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>56.4</u>	<u>60.1</u>	<u>61.7</u>	<u>62.3</u>	<u>65.0</u>
Numerator	<u>59,183</u>	<u>60,937</u>	<u>62,879</u>	<u>62,878</u>	<u>65,236</u>
Denominator	<u>104,881</u>	<u>101,331</u>	<u>101,877</u>	<u>100,885</u>	<u>100,319</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>18.4</u>	<u>18.0</u>	<u>46.6</u>	<u>23.1</u>	<u>0.0</u>
Numerator	<u>3,250</u>	<u>1,253</u>	<u>7,380</u>	<u>4,337</u>	<u>0</u>
Denominator	<u>17,689</u>	<u>6,959</u>	<u>15,828</u>	<u>18,760</u>	<u>1</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator comes from SSA Supplemental Security Record for children under 18 with SSI in SC. CDC Wonder website was used to estimate the population in SC under 18 and under 16. The percentage of under 18/ under 16 was applied to the "SSI under 18" to get the final denominator. Numerator is from semi-annual report #T0701FT to get total number of Medicaid under 16. Data was used from Region 3 databases which kept good records of this information and found that 34.4% of their Medicaid recipients under 16 had SSI. We applied that 34.4% to the entire CSHCN population under 16 with Medicaid (4,337) to get the final numerator.

- Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Denominator comes from SSA Supplemental Security Record -- Table 7 (number and percentage distribution of children in SC receiving federally administered SSI payments) for December 2006. Numerator is from semi-annual report #T0701FT.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: SC

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2006	Matching data files	<u>11.7</u>	<u>8.3</u>	<u>10.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Matching data files	<u>7.9</u>	<u>11.6</u>	<u>9.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Matching data files	<u>59.3</u>	<u>76.9</u>	<u>67.2</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2006	Matching data files	<u>56.5</u>	<u>85.2</u>	<u>84.6</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: SC

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: SC

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: SC

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: SC

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: SC

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		2008
	2006	2007			
Annual Indicator	10.2	10.2	10.2	10.1	0.0
Numerator	5,769	5,895	6,313	6,317	0
Denominator	56,543	57,538	62,187	62,316	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 Birth File has not been released

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	8.4	8.4	8.4	8.3	0.0	
Numerator	4,568	4,694	5,027	4,977	0	
Denominator	54,643	55,703	60,106	60,200	1	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 birth file is not available

2. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	2.1	2.1	1.9	2.0	0.0
Numerator	1,193	1,195	1,158	1,272	0
Denominator	56,543	57,538	62,187	62,316	1

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 birth file is not available

2. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	1.7	1.6	1.5	1.7	0.0	
Numerator	935	915	916	1,015	0	
Denominator	54,643	55,703	60,106	60,200	1	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 birth file is not available

2. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>9.5</u>	<u>12.9</u>	<u>13.3</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>75</u>	<u>109</u>	<u>113</u>	<u>0</u>	<u>0</u>
Denominator	<u>791,726</u>	<u>844,090</u>	<u>850,790</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2008 at this time because the file has not been closed. We anticipate having the data by August 2009.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2008.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.3</u>	<u>5.8</u>	<u>5.1</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>34</u>	<u>49</u>	<u>43</u>	<u>0</u>	<u>0</u>
Denominator	<u>791,726</u>	<u>844,090</u>	<u>850,790</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2008 at this time because the file has not been closed. We anticipate having the data by August 2009.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2008.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>55.1</u>	<u>41.4</u>	<u>39.5</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>334</u>	<u>252</u>	<u>242</u>	<u>0</u>	<u>0</u>
Denominator	<u>605,789</u>	<u>609,060</u>	<u>611,950</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2009 at this time because the file has not been closed. We anticipate having the data by August 2009.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2008.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 or 2007 at this time because the files have not been closed. We anticipate having the data by August 2008.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	9,687.7	9,363.6	8,917.2	0.0	0.0
Numerator	76,661	79,037	75,867	0	0
Denominator	791,323	844,090	850,790	1	1

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2009.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2008.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>711.6</u>	<u>670.1</u>	<u>601.7</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>5,631</u>	<u>5,656</u>	<u>5,119</u>	<u>0</u>	<u>0</u>
Denominator	<u>791,323</u>	<u>844,090</u>	<u>850,790</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2009.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2008.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	2,905.6	3,080.3	2,931.1	0.0	0.0
Numerator	17,602	18,660	17,937	0	0
Denominator	605,789	605,789	611,950	1	1

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2007 at this time because the file has not been closed. We anticipate having the data by August 2009.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the birth file/vital records/ PHSIS are not available for 2006 at this time because the file has not been closed. We anticipate having the data by August 2007.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>44.8</u>	<u>42.7</u>	<u>47.2</u>	<u>52.9</u>	<u>52.7</u>
Numerator	<u>6,314</u>	<u>6,116</u>	<u>6,229</u>	<u>8,220</u>	<u>8,297</u>
Denominator	<u>140,829</u>	<u>143,376</u>	<u>131,913</u>	<u>155,330</u>	<u>157,541</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator Data for chlamydia were obtained from Terri Stephens, Division of Epidemiology.

Denominator data from CDC Wonder:

<http://wonder.cdc.gov/population-projections.html>

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Data for chlamydia were obtained from Terri Stephens, Division of Epidemiology. Denominator data from 2005 US census estimate for population.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	13.0	12.4	12.9	16.3	16.0
Numerator	9,665	9,288	9,479	11,824	11,610
Denominator	743,286	746,169	734,033	723,460	723,460

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Data for numerator are from Terri Stephens, Division of Epidemiology.

Denominator data is from CDC Wonder:

<http://wonder.cdc.gov/population-projections.html>

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Data for numerator are from Terri Stephens, Division of Epidemiology. Denominator data is from 2005 Census estimate for population group.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	69,218	45,943	23,275	0	0	0	0	0
Children 1 through 4	238,136	144,530	83,265	0	2,014	0	8,327	0
Children 5 through 9	279,046	171,797	90,546	0	7,134	894	8,675	0
Children 10 through 14	292,075	186,633	95,422	0	4,648	0	5,372	0
Children 15 through 19	306,303	181,405	107,906	5,572	5,020	0	6,400	0
Children 20 through 24	291,432	189,813	93,679	0	3,169	0	4,771	0
Children 0 through 24	1,476,210	920,121	494,093	5,572	21,985	894	33,545	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	68,230	988	0
Children 1 through 4	225,694	12,442	0
Children 5 through 9	273,575	5,471	0
Children 10 through 14	283,901	8,174	0
Children 15 through 19	288,499	17,804	0
Children 20 through 24	283,225	8,207	0
Children 0 through 24	1,423,124	53,086	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	124	47	71	2	0	0	4	0
Women 15 through 17	2,526	1,211	1,246	4	13	0	50	2
Women 18 through 19	5,749	2,943	2,658	17	12	2	112	5
Women 20 through 34	47,341	30,881	14,992	180	719	27	503	39
Women 35 or older	6,572	4,838	1,481	23	168	3	54	5
Women of all ages	62,312	39,920	20,448	226	912	32	723	51

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	109	15	0
Women 15 through 17	2,228	298	0
Women 18 through 19	5,231	518	0
Women 20 through 34	42,441	4,891	9
Women 35 or older	6,072	499	1
Women of all ages	56,081	6,221	10

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	520	230	281	2	1	0	1	5
Children 1 through 4	71	31	39	0	0	0	1	0
Children 5 through 9	43	24	19	0	0	0	0	0
Children 10 through 14	62	35	26	0	1	0	0	0
Children 15 through 19	237	146	85	0	5	0	0	1
Children 20 through 24	394	235	153	0	3	0	0	3
Children 0 through 24	1,327	701	603	2	10	0	2	9

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	476	43	1
Children 1 through 4	67	4	0
Children 5 through 9	42	1	0
Children 10 through 14	58	4	0
Children 15 through 19	221	16	0
Children 20 through 24	361	32	1
Children 0 through 24	1,225	100	2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,184,780	730,308	400,415	5,572	18,816	894	28,775	0	2008
Percent in household headed by single parent	11.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	405,884	151,739	201,591	840	0	0	0	51,714	2008
Number enrolled in SCHIP	125,035	49,609	66,606	257	0	0	0	8,563	2007
Number living in foster home care	5,365	0	0	0	0	0	0	5,365	2008
Number enrolled in food stamp program	304,262	0	0	0	0	0	0	304,262	2008
Number enrolled in WIC	30,000	0	0	0	0	0	0	30,000	2008
Rate (per 100,000) of juvenile crime arrests	527.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	3.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2006

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,123,760	64,960	0	2007
Percent in household headed by single parent	0.0	0.0	11.5	2008
Percent in TANF (Grant) families	0.0	0.0	1.1	2008
Number enrolled in Medicaid	0	26,490	379,394	2007
Number enrolled in SCHIP	0	5,706	119,329	2007
Number living in foster home care	0	0	5,365	2008
Number enrolled in food stamp program	0	0	304,262	2008
Number enrolled in WIC	0	0	30,000	2008
Rate (per 100,000) of juvenile crime arrests	1.0	1.0	1.0	2007
Percentage of high school drop-outs (grade 9 through 12)	1.0	1.0	1.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	908,560
Living in rural areas	280,190
Living in frontier areas	0
Total - all children 0 through 19	1,188,750

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	4,379,748.0
Percent Below: 50% of poverty	5.8
100% of poverty	14.1
200% of poverty	33.2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,180,047.0
Percent Below: 50% of poverty	9.1
100% of poverty	20.6
200% of poverty	43.2

FORM NOTES FOR FORM 21

Data acquired from ORS. (Dennis Dickerson) via Heather

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
13,881/1,184,780 Provided by Steve Rivers at DSS
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Provided by Steve Rivers at DSS
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
WIC collects data on children ages 1-5. We don't collect information on children 1-19. Estimate is given for ages 1-5.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
SLED Website
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Dept. of Ed Website
6. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2010
Field Note:
Calculated with SCAN
7. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
WIC collect data on children ages 1-5. We don't have data available for children ages 1-19.
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data not available, 1 used as placeholder
9. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Data not available by ethnicity, 1 used as placeholder
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2010
Field Note:
Provided by Steve Rivers at DSS